

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/591,604
Application Date:: 09/05/06
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: **DIAGNOSTIC AGENT FOR ISCHEMIC
HEART DISEASE RISK GROUP**
Attorney Docket Number:: 295889US0XPCT
Total Drawing Sheets:: 16

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Masao
Family Name::	DAIMON
City of Residence::	Yotsukaido-shi
State or Province of Residence::	Chiba
Country of Residence::	Japan
Street of Mailing Address::	9-12, Chiyoda 5-chome
City of Mailing Address::	Yotsukaido-shi
State or Province of Mailing Address::	Chiba
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	284-0015
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Tohru
Family Name::	MINAMINO
City of Residence::	Chiba-shi
State or Province of Residence::	Chiba
Country of Residence::	Japan
Street of Mailing Address::	8-1-503, Inohana 1-chome, Chuo-ku
City of Mailing Address::	Chiba-shi
State or Province of Mailing Address::	Chiba
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	260-0856

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Kenji
Family Name::	HASHIMOTO
City of Residence::	Nishitokyo-shi
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	17-2, Nakamachi 5-chome
City of Mailing Address::	Nishitokyo-shi
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	202-0013
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Issei
Family Name::	KOMURA
City of Residence::	Suginami-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	38-13, Ogikubo 2-chome
City of Mailing Address::	Suginami-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	167-0051

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP05/003500	03/02/05

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2004-059065	Japan	03/03/04	YES

ASSIGNMENT INFORMATION

Assignee Name::	DAIICHI PURE CHEMICALS CO., LTD.
Street of Mailing Address::	13-5, Nihonbashi 3-chome
City of Mailing Address::	Chuo-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	103-0027
Assignee Name::	Masao Daimon
Street of Mailing Address::	9-12, Chiyoda 5-chome
City of Mailing Address::	Yotsukaido-shi
State or Province of Mailing Address::	Chiba
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	284-0015